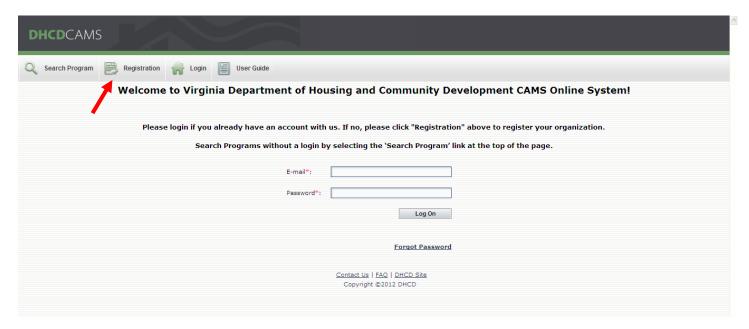
Purpose: The Registration page allows a customer to:

- Request a CAMS profile for their organization
- Once the profile is approved by the DHCD, the customer will:
 - o Receive a login ID and password for the **Profile Manager** and **Organization Head** if applicable
- Access on the other administrative pages (noted below) will enable the Profile Manager:
 - o to set up other users within the organization (*Manage Staff*)
 - o to assign those users to projects (*Manage Project Roles*)
 - o to maintain the organization information and oversee applications for funding (*Manage Organization*)

Main Page: Upon selecting the <u>CAMS link</u>, the page shown below will display. To begin registration, select the *Registration* menu.



The CAMS Registration page displays as a webform. Fields marked with an asterisk (*) are required. The word "Required" will appear at the end of any required field which is left blank. An asterisk (*) will appear at the end of any field requiring a number. Checking the Organizational Leadership box at the bottom of the page enables the user to indicate that the Profile Manager is the same person as the Head of the Organization, limiting duplication of data entry. If this option is selected, the fields to enter the Organizational Leadership information will be hidden.

		CAMS Or	ganization Registr	ation	
Your organi	zation must register in order to a	cess funding through DHCD. Please	note that DHCD does not provide dire	ct assistance to individuals. Only one profile per organization is allo	wed.
	Organization	Primary Profile I	Manager/Contact		
	The profile manager below	will be responsible for receiving prof	file notifications and will be required to	keep the profile up to date.	
	*First Name:		*Last Name:		
	*Contact Title:		Cell Number:		
	*Contact Phone:		Extension:		
	*Contact Email:				
	Organization	al Information			
	*Organization Name:		*Street Address:		
			Address Line 2:		
	*City:		*ZIP Code:	- Whats my +4?	
	Check this box if the org	anization address listed above is th	e mailing address.		
	Mailing Address:		Address Line 2:		
	City:		ZIP Code:	- Whats my +4?	
	*Phone Number:		FAX Number:		
	*DUNS Number:		*FEIN:		
	Organization Website:		(eg. www.mysite.com)		
	*Organization Type (Check all that apply):	Nonprofit Organization			
	(Crieck all triat apply):	Developer			
		Localities			
		CHDO			
		Planning District Commission	1		
	Select all activities in which your organization is involved. This information will allow DHCD to send notices or contact you based on your area of work or interest. Select all that apply.				
	Activity Type:	☐ Homeless Service			
		Housing			
		☐ Economic Development			
		☐ Infrastructure			
		Community Development			
ck this box if	Organization	al Leadership			
Organization	Please fill out the following information on the director or head of your organization. If this information matching the information provided above, please				
ler is the same _	check the checkbox below.				
e Primary		son listed above IS the organization			
ntact.	Director First Name:		Director Last Name:		
ilaot.	Director Phone:		Director Email:		
	Most recent annual audit			Browse	
			Contact Us FAQ DHCD Site Copyright ©2012 DHCD	Submit	
		VIRGINIA 600	inia Department of Housing and Community East Main Street, Suite 300	Development	
Done		Rich	mond, VA 23219	(Mixed)	A 1000

Mailing Address: Enter if the mailing address differs from the physical address.

DUNS Number: Nine or 13 numbers

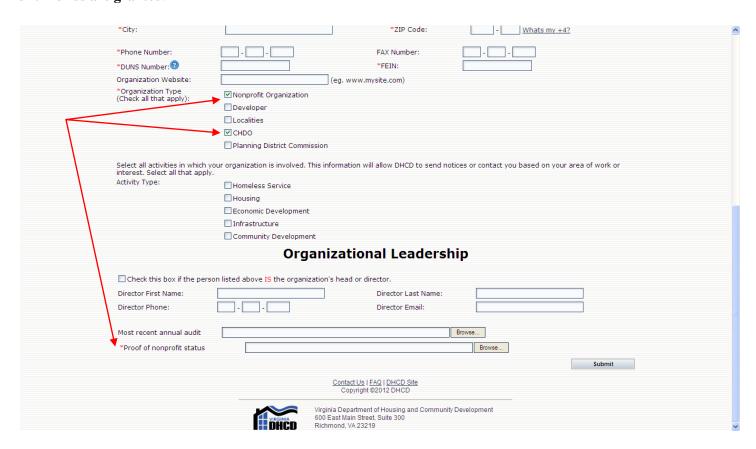
FEIN: Nine numbers

Organization Type: Select as many as are applicable. Selection will determine what programs the organization is eligible to apply for.

Activity Type: Select as many as are applicable. As stated in the note, the Activity Type will allow the DHCD to contact an organization for workshops or other notifications based on the organization's business interests. **ZIP Code + 4:** A link is available to assist in determining the ZIP extension. This information is **required**.

As shown below, if either Nonprofit or CHDO is selected as an Organization Type, the Proof of nonprofit status field will display. Proof of nonprofit status *is required to submit the profile for any type of nonprofit*.

Although the annual audit documentation (or review of financial statements) is requested at this point, it is not required until funds are granted.



Once all required fields are completed the **Submit** button can be selected, and a profile request will be sent to the DHCD. The user will receive an onscreen message indicating that their request has been submitted. If the Profile Manager and the Head of the Organization are different, an email will also be sent to each of them. The profile request will be processed within five business days.

CAMS Organization Registration Thank you for submitting a request for a CAMS organization profile. It will be reviewed and a response sent to you within the next five business days."

Example of email confirmation message.

Your DHCD CAMS Profile Request has been submitted

CAMSProfileRequests@dhcd.virginia.gov [CAMSProfileRequests@dhcd.virginia.gov]

Sent: Wednesday, January 25, 2012 11:54 AM

To: Dynes, Katy

Cc: Tod.Love@dhcd.virginia.gov

Thank you for requesting a CAMS profile for your organization. Your request will be reviewed and a response sent to you within five business days.